

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/242383	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6		1					56						
7		1		1			57						
8		1					58						
9		3					59						
10		3					60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			19				TOTAL CLAIMS						